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**\*\* CONTINUING DATA \*\*\*\*\***

CHL 3/2/05

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	WI	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Carl H. Loyer CHL</i> Examiner's Signature Initials		2	29	3

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**TITLE**

Omnidirectional antenna for wireless communication with implanted medical devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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